

TOWN OF HILTON HEAD ISLAND PLANNING DEPARTMENT

MASTER APPLICATION FORM

ONE TOWN CENTER COURT • HILTON HEAD ISLAND, SC 29928 • 843-341-4681 • FAX 843-842-8908

Please TYPE or PRINT legibly

NAME OF DEVELOPMENT _____

STREET ADDRESS _____

ZONING DISTRICT _____ OVERLAY DISTRICT _____

TAX DISTRICT _____ MAP _____ PARCEL (S) _____

LAND OWNER _____ APPLICANT _____ AGENT _____

NAME _____

COMPANY _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

Bus License # _____ Bus License# _____
(For DRB, DR & SUB Only) (For DRB, DR & SUB Only)

*** A CHECK-IN CONFERENCE IS REQUIRED FOR THESE ITEMS. SEE LMO 16-3-104 FOR MORE INFORMATION. ATTACH THE NECESSARY SUPPLEMENTAL FORM(S).**

☐ APPEAL * ☐ ZONING MAP AMENDMENT *

☐ DEVELOPMENT PLAN REVIEW * ☐ DESIGN REVIEW BOARD

☐ PLANNED UNIT DEVELOPMENT * ☐ PUBLIC PROJECT

☐ SPECIAL EXCEPTION * ☐ SIGN PERMIT

☐ SUBDIVISION * ☐ TREE APPROVAL

☐ VARIANCE * ☐ WETLAND ALTERATION

☐ ABBREVIATED DEVELOPMENT PLAN REVIEW*

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ON THIS APPLICATION AND ALL ADDITIONAL DOCUMENTATION IS TRUE, FACTUAL AND COMPLETE. I HEREBY AGREE TO ABIDE BY ALL CONDITIONS OF ANY APPROVALS GRANTED BY THE TOWN OF HILTON HEAD ISLAND. I UNDERSTAND THAT SUCH CONDITIONS SHALL APPLY TO THE SUBJECT PROPERTY ONLY AND ARE A RIGHT OR OBLIGATION TRANSFERABLE BY SALE.

SIGNATURE _____ DATE _____

I UNDERSTAND THAT IN THE EVENT OF A STATE OF EMERGENCY, DUE TO A DISASTER, THOSE REVIEW & APPROVAL TIMES SET FORTH IN THE LAND MANAGEMENT ORDINANCE MAY BE SUSPENDED.

SIGNATURE _____ DATE _____

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____ TIME: _____
ACCEPTED BY: _____ MASTER TRACKING NUMBER: _____